

PERSONAL CARE

1.0 SERVICE DEFINITION

- 1.1 Personal Care is an in-home service provided to at-risk persons who are infirmed, disabled, or chronically ill, and require assistance with self-care and mobility, in order to forestall institutionalization.

2.0 SERVICE UNIT

- 2.1 The unit of service for personal care is one hour of aide service.
- 2.2 The minimum billing unit is one quarter (.25) hour.
- 2.3 Time Spent preparing for the visit and travel to and from may not be billed.
- 2.4 The provider is permitted to bill for one hour of service when unable to gain access, however billing for lack of access more than 3 times per year is not permitted.

3.0 SERVICE AREA

- 3.1 Personal Care services are available to all eligible residents of the State of Delaware.
- 3.2 Providers of Personal Care services are permitted to apply for sub-areas of service within the state.

4.0 SERVICE LOCATION

- 4.1 Personal care service must be provided in the consumer's home, while the consumer is present.

5.0 ELIGIBILITY

- 5.1 The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Case Manager will determine consumer eligibility.
- 5.2 DSAAPD Case Manager will determine and authorize the amount of service hours a consumer will receive.
- 5.3 Consumers receiving Personal Care services through Older Americans Act Title III funding must be sixty (60) years of age or older.
 - 5.3.1 Priority will be given to those consumers who:
 - 5.3.1.1 Are low-income individuals, including low-income minority individuals
 - 5.3.1.2 Have limited English proficiency
 - 5.3.1.3 Reside in rural areas
- 5.4 Consumers receiving Personal Care services through SSBG funding must be at least eighteen (18) years of age.
 - 5.4.1 Consumer must also be a U.S. Citizen or legal alien.
 - 5.4.1.1 Alien status will be verified.

6.0 SERVICE DESCRIPTION

- 6.1 Personal Care Services are to be prior-authorized by DSAAPD.
- 6.2 Personal Care Service will be provided by trained staff under the direction of an RN in accordance with State and Federal regulations.

- 6.3 Personal Care agencies must be Delaware licensed Home Health Agencies.
- 6.4 **Allowable Services:**
 - 6.4.1 Personal care includes assistance with activities of daily living (ADL). The following activities are allowable:
 - 6.4.1.1 Bathing
 - 6.4.1.2 Dressing
 - 6.4.1.3 Personal hygiene
 - 6.4.1.4 Transferring
 - 6.4.1.5 Toileting
 - 6.4.1.6 Skin care
 - 6.4.1.7 Eating
 - 6.4.1.8 Assisting with mobility
 - 6.4.2 Escort to a physician or clinic may be permitted according to the policy of the Home Health Agency and with prior approval of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Case Manager on a case by case basis.
 - 6.4.3 When specified in the plan of care, this service includes assistance with instrumental activities of daily living (IADL) such as light housekeeping chores, shopping, and meal preparation. Assistance with IADL's must be secondary.
- 6.5 **Prohibited Services:**
 - 6.5.1 The following services are prohibited:
 - 6.5.1.1 Nursing care as defined by the Delaware Nurse Practice Act (including the assistance with self-administration of medicines).
 - 6.5.1.2 Nail or foot care.
 - 6.5.1.3 Companion service
 - 6.5.1.4 Service unit in which ADL/IADL assistance is not provided.
 - 6.5.1.5 Makeup, professional hair care or barbering.
 - 6.5.1.6 Care of pet, lawn, garden, raking, or snow removal.
 - 6.5.1.7 Assistance with heavy-duty cleaning, furniture moving, window washing, or other heavy work.
 - 6.5.1.8 Financial or legal advice.
 - 6.5.1.9 Personal care service in a long term care, acute care, group home setting, or other health care setting.

7.0 SERVICE STANDARDS

- 7.1 The provider must comply with all applicable Federal, State, and local rules, regulations and laws applying to the provision of the service.
- 7.2 The provider must develop and maintain policies and procedures for the delivery of personal care services.

- 7.3 The provider's Registered Nurse (RN) or Licensed Practical Nurse (LPN) is responsible for conducting an in-home evaluation visit and developing, in consultation with the consumer, a care plan for the consumer within five (5) working days of referral.
- 7.4 The provider must start services within five (5) working days of the assessment date.
- 7.5 If the provider does not start services within ten (10) working days of referral the provider will be responsible to notify DSAAPD regarding the reason for delay.
- 7.6 The provider must maintain a current care plan in the consumer's home
- 7.7 The provider must discuss any proposed modification of authorized hours with DSAAPD Case Manager.
- 7.8 The provider must attempt to accommodate Personal Care service at the number of units and frequency requested by DSAAPD in consultation with the consumer. Specific times or days will only be requested by DSAAPD when coordinating other care needs such as Adult Day Care, dialysis care or other routine medical care.
- 7.9 The provider must notify the consumer of any change in schedule, or interruption of service.
- 7.10 The provider will notify the DSAAPD Case Manager of any interruption in service within two (2) working days. Also the provider will notify DSAAPD within two (2) working days if any of the following occur:
 - 7.10.1 Consumer is hospitalized or institutionalized
 - 7.10.2 Consumer is placed on skilled care
 - 7.10.3 Consumer is receiving services from another funding source
 - 7.10.4 Consumer changes address
 - 7.10.5 Consumer expires
 - 7.10.6 Consumer refuses services
- 7.11 The provider must inform DSAAPD of other potential payers of Personal Care service (i.e. Hospice, Medicare, etc.), should they become available. DSAAPD authorized service should be suspended until contact is made with the DSAAPD Case Manager to discuss care needs of the consumer. The DSAAPD Case Manager will have to obtain approval from their Supervisor to continue DSAAPD Personal Care services while skilled care is being provided.
- 7.12 The provider must ensure access to authorized representatives of Delaware Health and Social Services and/or DSAAPD to the consumer's case files and medical records.
- 7.13 The provider must maintain the consumer's right of privacy and confidentiality.
- 7.14 The provider must comply with DSAAPD quality assurance initiatives related to this program.
- 7.15 The provider must cooperate with DSAAPD to resolve problems which threaten consumer service.

- 7.16 The provider must notify DSAAPD and consumer in writing two (2) weeks prior to termination of services. The notification must include reasons for the termination and steps taken by the provider to resolve the issues. The notification must include the proposed plan of care that will be provided during the two week period.
- 7.17 The provider must give DSAAPD thirty (30) days written notice if terminating five (5) or more consumers at a given time. The notice must include the proposed plan of care that will be provided to the consumers during the thirty (30) day period.

8.0 INVOICING REQUIREMENTS

- 8.1 The provider will invoice DSAAPD pursuant to the DSAAPD Policy Manual for Contracts, policy X-Q, Invoicing.
- 8.2 The following information will also be included on the invoice:
 - 8.2.1 Consumer legal name
 - 8.2.2 Service Unit Cost/DSAAPD Reimbursement Rate
 - 8.2.3 Hours of service authorized by consumer
 - 8.2.4 Hours of service provided by consumer
 - 8.2.5 Total service hours provided
 - 8.2.6 Total DSAAPD funds earned
 - 8.2.7 Explanation for variance in hours authorized and provided

9.0 DONATIONS (For Title III Consumers Only)

- 9.1 Consumers, family members, and/or caregivers must be informed of the cost of providing services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional services available to others.
- 9.2 Providers must have procedures in place to:
 - 9.2.1 Inform applicants, family members and/or caregivers of the cost of providing services and offer them the opportunity to make voluntary contributions.
 - 9.2.2 Protect their privacy with respect to his/her contribution
 - 9.2.3 Safeguard and account for all donations
 - 9.2.4 Use the contributions to expand services
- 9.3 The DSAAPD Case Manager in consultation with the consumer will determine the consumer's donation amount per unit of service. The donation amount will be provided to the Provider on the Service Referral Form.